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LISTEN

It seems to me that both the most difficult and most important part of communication is listening. Its possible to sit in front of someone, look at them and hear the words, but not truly hear a thing they are saying. It takes a special effort to attend. Attending to the tone, facial expressions, body language, and cultural nuances that shape and color words and inform meaning.

With all of the above complications we have brains that fly like jets above our conversations; conversations that moves at the speed of a Model T Ford below. It's so easy for the brain to jump ahead, thinking of a response before the other has finished their last sentence. Sometimes the emotionally charged tone or subject adds another test for the listener.

Have you ever participated in a collaborative group or committee where everyone involved had so much respect for each other, that if there was disagreement, they asked probing questions in order to understand where the person was coming from? Have you ever

experienced a conversation where you felt like the listener really worked to appreciate what you were saying?

Listening is a critical skill for work in early intervention. It's impossible to be effective as a home visitor, supervisor, or team member without slowing down and listening to what others are communicating. Listening changes us and makes us more effective leaders, learners, and teachers and can enrich every relationship in our lives. Listen.

Laurie Thomas, M.Ed
State EI/ILP Manager

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DIGGN' DATA

self-asï¿½ï¿½sessï¿½ï¿½ment
noun: **self-assessment**; plural noun: **self-assessments**

- **assessment or evaluation of oneself or one's actions and attitudes, in particular, of one's performance at a job or learning task considered in relation to an objective standard.**

Hello All,

By now you have either completed or started your FY15 ILP self-assessment. We had numerous questions from the field on what was required for the quality indicators, particularly the Key Principles. We have had rewarding conversations. One of the first things that is shifting is our State focus on quality and the 7 Key Principles of Early Intervention. We will continue to look at compliance, however, the quality indicators are going to become more important in the coming years.

How do you answer the right or wrong of a quality indicator? First of all, let's suspend the right or wrong. Compliance is about the law, you have either followed it or not; a yes/no answer. Quality is about a conversation. Self- Assessment or evaluation of oneself or one's actions and attitudes.As you complete and or work with your TA this coming year, think about what the 7 Key Principles look like in your agency and community. Ask yourselves what are your own practices and attitudes toward Early Intervention Services; are you coaching families, are you discussing progress and successes, are you using discipline specific evidence-based practices, is this consistent from provider to provider? The questions in the self-assessment are designed to ask these questions and to look for evidence of it in the child record; are the principles and your evidence-based (specific to your agency) practices reflected in the family and child assessments, IFSP development, services and home visit notes.

We look forward to continuing this conversation with you as the new year unfolds. Thank you for your thoughts and questions thus far!

Lisa

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STUMP the STATE

Your Questions and Answers

QUESTION: We had a CAPTA referral that I did the evaluation on. The child did not qualify for Part C and mom did not want services. We just received another CAPTA referral for the same child. We don't have to generate another referral and go out again do we?

ANSWER: This is a typical question that I'm sure many of you may ask yourself. Some things to consider are the following:

- Could the referral be a duplicate in the state database?
- Was there a second substantiated report of harm?
- Contact your local OCS to confirm duplication of referrals.
- What were the risk factors?
- What social/emotional tools were used?
- Is clinical opinion appropriate for this situation? (As you know, most kiddos that have suffered some form of early trauma don't show up on an evaluation as qualifying for services.)

Suggestions to have written in your MOA with your local OCS office:

- Referral process
- Communication
  - best way to communicate with OCS worker
  - best way for OCS worker to communicate with ILP
  - defining roles
  - monthly meetings
- What information is going to be shared
  - who is responsible
  - what is necessary to be able to share
- Other information that will increase a partnership for serving the child and family

Please refer to our state Informed Clinical Opinion guidance memo #4.

Attached is a link to a TA resource on informed clinical opinion that may help you think through this as needed: ectacenter.org notes 28

Questions for this column are considered and responded to through a review of statute, regulation and policy and other supporting documents and vetted by the State team through a consensus process.

Please submit questions for "Stump the State" to:
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VIDEO REFLECTION:

The Power of Video Taping with Families in Early Intervention

My journey using the video camera as a tool during home visiting started over 20 years ago. Our ILP program offered the Hanenï¿½ï¿½ It Takes Two to Talk program for parents which had a component of videotaping with families. My initial fears and questions included; Will the caregivers feel too self conscious to agree to participate what will I say?; will the caregivers feel judged? It took some risk-taking on both the families and my part to try the process but the experience opened doors for my work with families. To my surprise, families generally were eager to try the process and I learned a great deal about their perspectives while watching a two-minute clip together. I recall one father so excited to tell me more about what he was seeing, we had to extend the conversation over two home visit sessions.

As my interests and continuing education focused on infant mental health and relationship-based work, my use of the video feedback processed has changed and evolved. I now consider the video reflection process as an important relationship building activity that allows caregivers to share their story, priorities, learning style, and cultural values. I pay special attention to what they notice and attend to in the clip they choose. Are they attending just to their child's actions? Are they talking about their role in the interaction and play? What affect or emotional tone is shared as they watch the clip? What is standing out to them? As I watch the clip, I am looking for moments where things are "cooking" for both the child and caregiver. I am thinking about what is supporting the child's development through their interactions as well

as what might be making the relationship challenging. Through careful reflective questions, I try to gain a deeper understanding of their perspectives. This reflective dialogue is often rich and sets the stage and starting place for intervention. The importance of relationship has already been present in our time together and moving into supporting the dyad is now more natural. As our work continues together, the video reflection process has been a nice way to take time to hear the caregiver's evolving process. For some families, the collection of video clips has become a precious document not only of their child's progress, but also their sense of a joyful and satisfying relationship with their child.

As it is important that this process is non-judgmental and trust-building, I prepare parents carefully and try to create a sense of safety. I have learned from experience that reflecting on and attending to my "presses" and triggers can influence the process. I am continually learning to be present and available to their views in support of the parallel process. How I listen, understand, respond, and allow a range of feelings can impact how the parent relates to their child. Participation in regular reflective supervision as part of my work has supported my skills in offering this process to families.

If you are interested in more information on the use of videotaping in early intervention, here are a few resources:

- Bernstein, V.J. (1997, Winter). Using videotapes to strengthen the parent-child relationship. IMPrint, Newsletter of the Infant Mental Health Promotion Project, 20, 1-4. Toronto: Hospital for Sick Children.
- Infants, Toddlers, and Families: A Framework for Support and Intervention. Martha Farrell Erickson, Karen Kurz-Riemer.
- Seeing is Believing: zerotothree.org/parenting-resources/MOEM/
- Hanenï¿½ï¿½ It Takes Two to Talk: hanen.org/Professional-Development/Workshops-For-SLPs/It-Takes-Two-to-Talk.aspx
- Video Reflection In Early Intervention: Two day training for Providers. Contact Heidi Johnson, (907)723-3130, heidijohnsonslp@gmail.com

Heidi Johnson, MS CCC-SLP
Speech-Language Pathologist
REACH ILP, Juneau

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7 KEY PRINCIPLES

Looks Like/Doesn't Look Like

6. The family's priorities needs and interests are addressed most appropriately by a primary provider who represents and receives team and community support.

Key Concepts	Good teaming practices are used One consistent person needs to understand and keep abreast of the changing circumstances, needs, interests, strengths, and demands in a family's life The primary provider brings in other services and supports as needed, assuring outcomes, activities and advice are compatible with family life and won't overwhelm or confuse family members

This principle DOES look like this	This principle DOES NOT look like this
Talking to the family about how children learn through play and practice in all their normally occurring activities	Giving the family the message that the more service providers that are involved, the more gains their child will make
Keeping abreast of changing circumstances, priorities and needs, and bringing in both formal and informal services and supports as necessary	Limiting the services and supports that a child and family receive
Planning and recording consultation and periodic visits with other team members; understanding when to ask for additional support and consultation from team members	Providing all the services and supports through only one provider who operates in isolation from other team members
Having a primary provider, with necessary support from the team, maintain a focus on what is necessary to achieve functional outcomes	Having separate providers seeing the family at separate times and addressing narrowly defined, separate outcomes or issues
Coaching or supporting the family to carry out the strategies and activities developed with the team members with the appropriate expertise; directly engaging team members when needed	Providing services outside one's scope of expertise or beyond one's license or certification
Developing a team based on the child and family outcomes and priorities, which can include people important to the family, and people from community supports and services, as well as early intervention providers from different disciplines	Defining the team from only the professional disciplines that match the child's deficits
Working as a team, sharing information from first contacts through the IFSP meeting when a primary service provider is assigned; all team	Having a disjointed IFSP process, with different people in early contacts, different evaluators, and different service providers

members understanding each others on-going roles.	who do not meet and work together with the family as a team.
Making time for team members to communicate formally and informally, and recognizing that outcomes are a shared responsibility	Working in isolation from other team members with no regular scheduled time to discuss how things are going

Workgroup on Principles and Practices in Natural Environments

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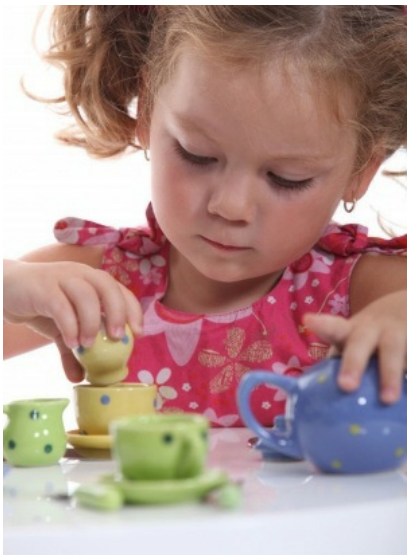
PROGRAM HIGHLIGHTS

FOCUS



Family Outreach Center for Understanding Special Needs (FOCUS) was incorporated in 1987 by an existing Infant Learning Program, originally founded by Charlie Johanson, and several concerned community members. Supported by a board of seven members, FOCUS, Inc. continued to provide ILP services to the Chugiak/Eagle River area until the early 90's when it branched out, providing respite care to families with children of all ages experiencing special needs. Years later, a Mission Statement was written to be the guide in all that we do. Our mission is to *"Provide quality support to individuals and families by respecting their values and sharing their hopes."*

For almost thirty years FOCUS has been supporting families who experience unique challenges, enabling them to realize a higher quality of life. To help meet the ever growing needs of our community we have added services including Medicaid Waivers, Developmental Disability Services, Positive Behavioral Support, Nursing, Grants and STAR. We have programs that serve the special population including an After School Program, Summer Program and the FOCUS: Art Studio & Gallery. Just recently we have added a Therapy Clinic at the FOCUS office that offers Speech and Occupational therapies.

The FOCUS ILP program has experienced a growth spurt as well, serving an average of 85 children at any given time. In addition to providing ILP services to the Eagle River/Chugiak area, we also serve Joint Base Elmendorf/Ft. Rich (JBER), Valdez, Cordova, Chenega Bay and Tatitlek.

We currently have on staff six Speech Language Pathologists, one Occupational Therapist, two Developmental Therapists, one Family Service Specialist, and one Program Assistant. Our JBER team works out of their own office at the Success by Six building in Anchorage. Cristine Aki, SLP; Juliann Nevells, OT; Heather Jasser, SLP; and Shannon Lloyd, DS bring

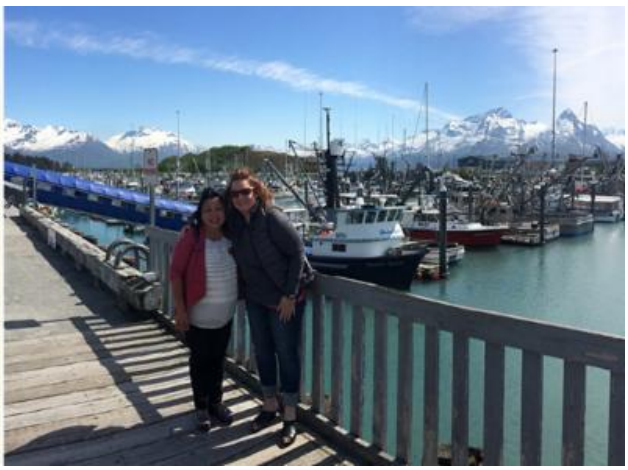
years of experience, both in their specialty and in early learning. Pair that with their combined knowledge of working with the military and military families they are a formidable force! The "mother ship", referring to the Eagle River office, consists of Sheri Scholljegerdes, SLP; Kelly Staruch, SLP; Tonya Buczkowski, SLP; Audra Hunt, FSS; and Sherri Criley, Program Assistant.

Valdez Infant Learning Program, which has seen significant growth over the past year, is being served itinerantly by Kelly Staruch, SLP, one week a month, and Brandy Smelcer, play group facilitator. Prince William Sound Infant Learning Program in Cordova is staffed by JoAnn Jarnac, SLP who came to FOCUS with years of experience providing Speech Language therapy and early intervention. JoAnn also serves Tatitlek and Chenga Bay, weather permitting of course.

FOCUS has exceptional playgroups both in Valdez and Eagle River. Toddler Tea Time is held in the Valdez Infant Learning Program play room. Brandy Smelcer facilitates tea time on a weekly basis for ILP and community children at no cost to families, accommodating ten to twelve families in each of the eight week sessions. Valdez families love Toddler Tea Time and see it as a significant community resource. The group is consistently full and frequently families must wait until the following session for an opening. Bear Cubs is our Eagle River play group which is an inclusive small group for ages 24-36 months and their parents to experience free play, music and movement, circle time and snack with peers. Bear Cubs meets weekly through the school year and is located at the Alaska Moving Arts Center in Eagle River.

We have great relationships with our community partners, meeting quarterly with Chugiak Children's Services (CCS) and monthly with the Anchorage School District (ASD) for transition briefings and 90-day transition meetings. We have also been the recipient of the Valdez United Way grant for the past couple of years and work closely with Providence Hospital Therapy Clinic.

We truly have an exceptional team! They fully understand the purpose of what they do, and truly believe in FOCUS's Mission statement.



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A WRAP AND AN ARRIVAL

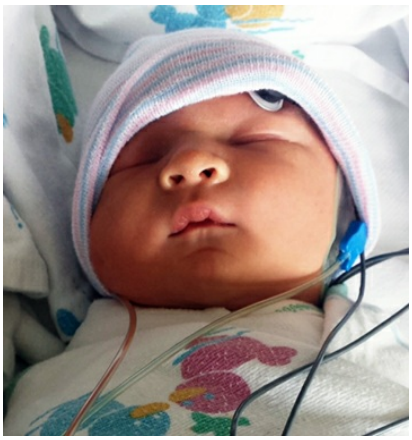
Congratulations!

It's a Wrap!

Melissa Kahler-Afelin graduated in May from the University of Alaska Anchorage with a Master's in Early Childhood Special Education. Congratulations!

A New Arrival

Monica Luther with the State ILP office became a grandmother for the first time on June 9, 2015 when her grandson Beau was born. She had never seen a newborn hearing screening done and just had to take a picture.



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"We can accomplish more together than we would dream possible working by ourselves." - Senora Roy

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